

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
 04-04-2001 90119 030 ***158.75

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DOCUMENT # P98000022357

1. Entity Name
WWFF OF SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address
3265 MAJESTIC OAK DR PO BOX 700638
SAINT CLOUD FL 34771 ST CLOUD FL 34770-0638
US US

2. Principal Place of Business 3. Mailing Address
4245 CYPRESS DRIVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
St. Cloud FL
 Zip Country Zip Country
34772 US

4. FEI Number **65-0848948** Applied For
 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
THORP, RONALD L Name **RONALD L. Thorp**
3265 MAJESTIC OAK DR Street Address (P.O. Box Number is Not Acceptable) **4245 CYPRESS Drive**
SAINT CLOUD FL 34771 City **SAINT. Cloud FL** Zip Code **34772**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Ronald L. Thorp* DATE 3/28/01
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THORP, RONALD L 3265 MAJESTIC OAK DRIVE SAINT CLOUD FL 34771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RONALD L. Thorp 4245 CYPRESS DR ST. Cloud FL 34772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THORP, GAIL S 3265 MAJESTIC OAK DR SAINT CLOUD FL 34771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAIL S. Thorp 4245 CYPRESS DR ST Cloud, FL 34772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald L. Thorp* DATE 3/28/01 DAYTIME PHONE # 407-498-0100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)